

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013515

FILED
Mar 23, 2009
Secretary of State

Entity Name: BOWEN FAMILY HOMES OF FLORIDA, INC.

Current Principal Place of Business:

170 EAST HAINES BLVD.
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

6650 SUGARLOAF PARKWAY #200
DULUTH, GA 30097

New Mailing Address:

FEI Number: 06-0691600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELPS, THOMAS M SR
170 EAST HAINES BLVD.
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: CAPE, ERIC T DIRECTO
Address: 6650 SUGARLOAF PARKWAY #200
City-St-Zip: DULUTH, GA 30097

Title: MR. () Delete
Name: PHELPS, JR., THOMAS M DIRECTO
Address: 6650 SUGARLOAF PARKWAY #200
City-St-Zip: DULUTH, GA 30097

Title: MR. () Delete
Name: PHELPS, SR., THOMAS M DIVPRES
Address: 170 EAST HAINES BLVD.
City-St-Zip: LAKE ALFRED, FL 33850

Title: MR. () Delete
Name: BOWEN, DAVID J PRES.
Address: 6650 SUGARLOAF PARKWAY #200
City-St-Zip: DULUTH, GA 30097

Title: MR. () Delete
Name: PALMER, STEPHEN D TREAS.
Address: 6650 SUGARLOAF PARKWAY #200
City-St-Zip: DULUTH, GA 30097

Title: MR. () Delete
Name: RIETIG, REINER P SECR.
Address: 6650 SUGARLOAF PARKWAY #200
City-St-Zip: DULUTH, GA 30097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR. (X) Change () Addition
Name: MOORE, TERRY DIVPRES
Address: 170 EAST HAINES BLVD.
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D PALMER

TREA

03/23/2009

Electronic Signature of Signing Officer or Director

Date